

Name
in
Full

Clara of Gill Gross

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Wallovile</u>		Town <u>County</u>	MARYLAND	
Date of death <u>1906</u>	Month <u>June</u>	Day <u>29</u>	Years	Months
Sex <u>Male</u>	Color or Race	Age <u>colored</u>	Birthplace	Days
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name <u>Unknown</u>	Father's Birthplace			
Mother's Maiden Name <u>Lillian Gross</u>	Mother's Birthplace <u>Calvert Co</u>			
Name of person giving information <u>Will Hawkins</u>	How related to deceased <u>None</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Spasms (71) How long

Immediate Spasms How long 46 Hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

P Buscar Sut Rypis
Murphy
Caen Co

Accident or Suicide?

Name
in
Full

Thomas Robeson Groves

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Ansby</u> Town <u>Calvert</u> County		MARYLAND			
Date of death <u>1906 Dec</u>	Month <u>Dec</u>	Day <u>24</u>	Age <u>88</u>	Years <u>88</u>	Months <u>2</u> Days <u>6</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Calvert Co</u>			
Occupation <u>Farmer</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife Husband <u>Elizabeth Simmons Breden</u>				
Father's Name <u>Robert Groves</u>	Father's Birthplace <u>Calvert Co</u>				
Mother's Maiden Name <u>Barbara Mackay</u>	Mother's Birthplace <u>Calvert Co</u>				
Name of person giving information <u>Wm J. Groves</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Senile Dementia

154

How long about 18 mos

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

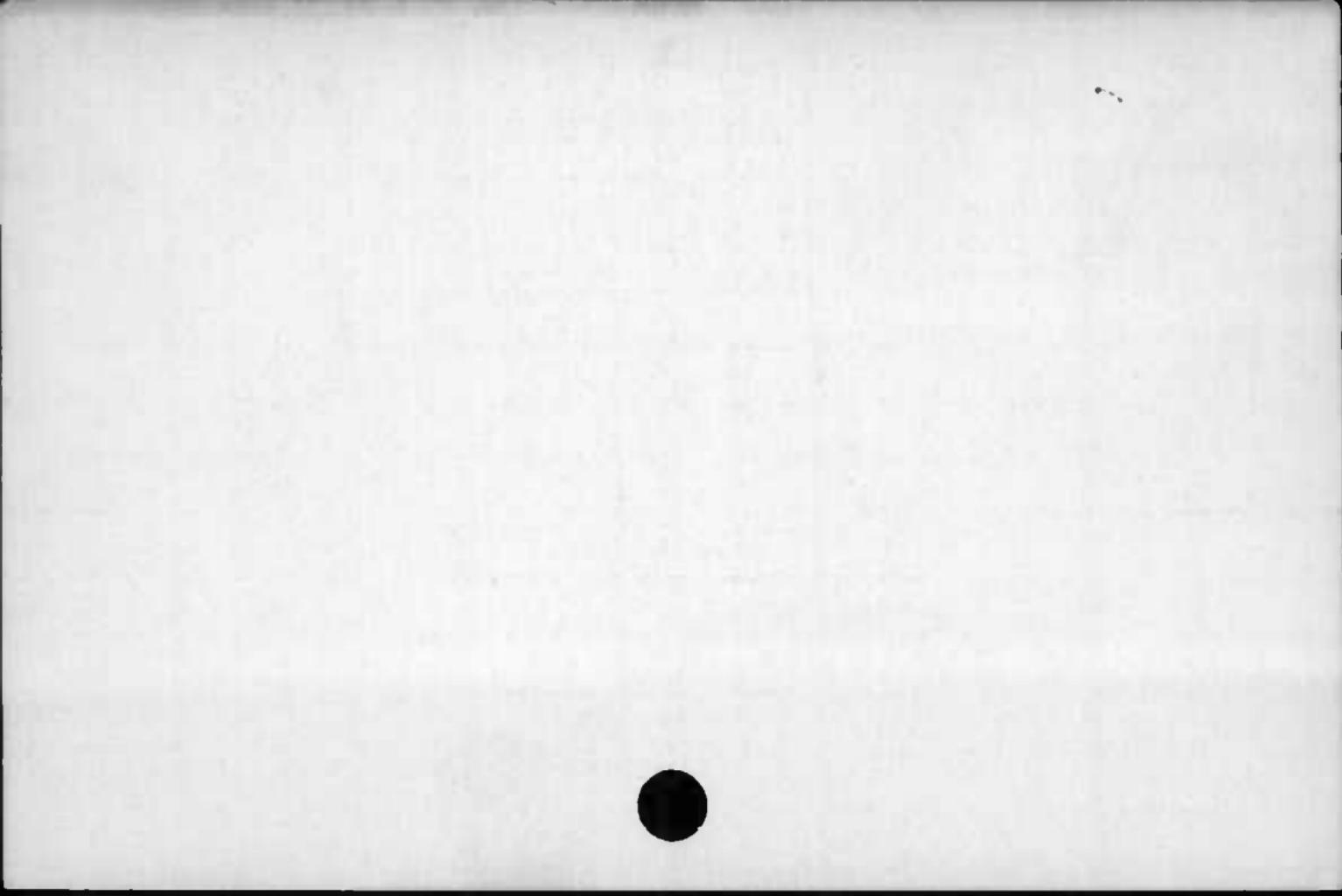
Signature of Physician

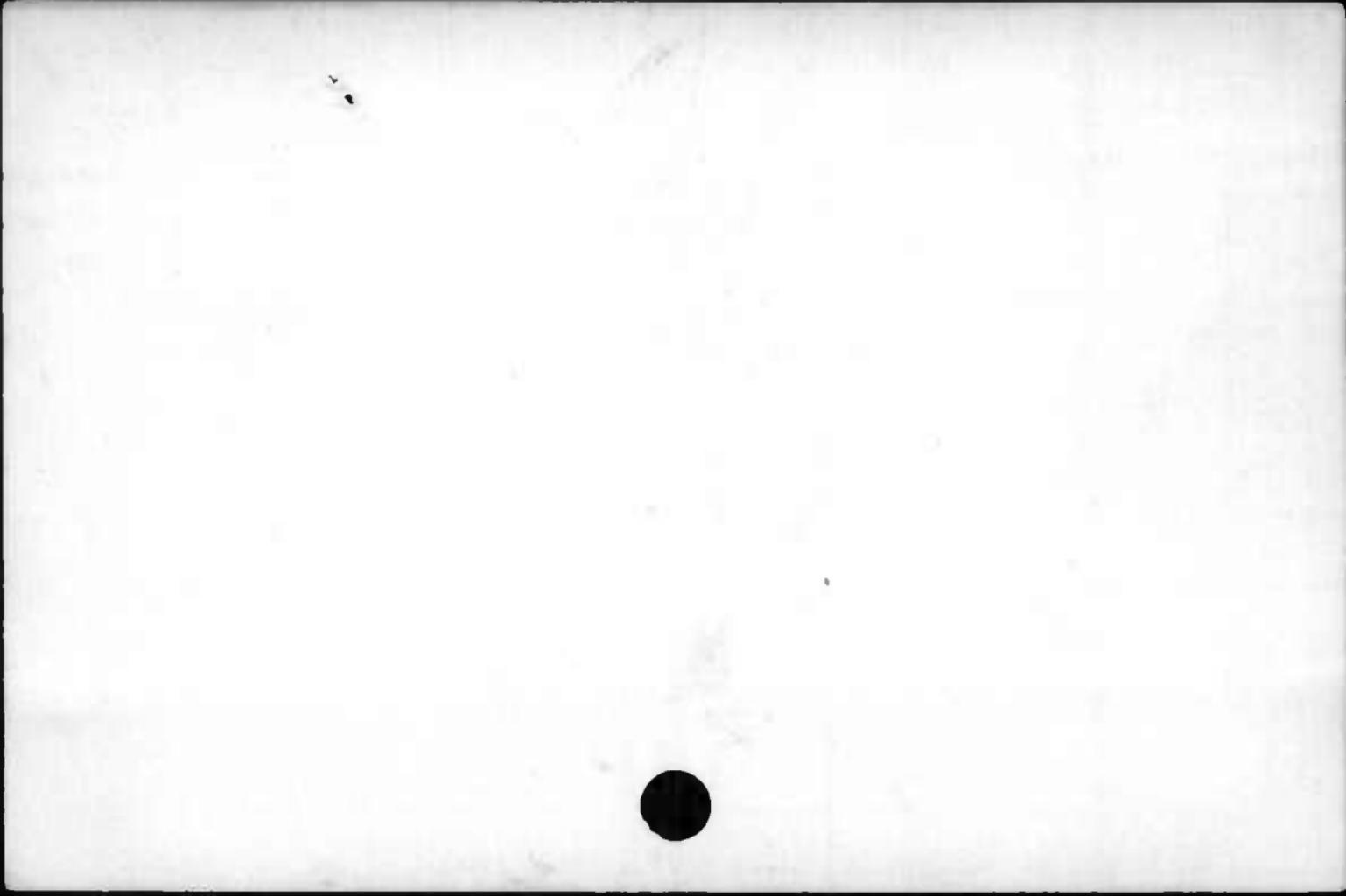
Dr J Chambers MD

Address

Ansby, Calvert Co

Accident or Suicide?





Name
in
Full

Thomas J. Harrid

29

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Calvert	County	MARYLAND		
Date of death	Month	17 Day	61 Years	3 Months	6 Days	
Age						
Sex	male	Color or Race	Callard	Birth-place	Calvert County	
Occupation	Sitting & Lanning			Where Residing if not at place of death	"	"
Married, Single or Widowed	b	Name of Wife or Husband	Hattie Harrid			
Father's Name	Calvin Harrid			Father's Birthplace	Calvert Co	
Mother's Maiden Name	Sidney Roberson			Mother's Birthplace	"	"
Name of person giving Information	James Harride			How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Nephritis

1/20

How long

2 yrs.

Immediate

Hydro. Peritonitis

How long

6 min.

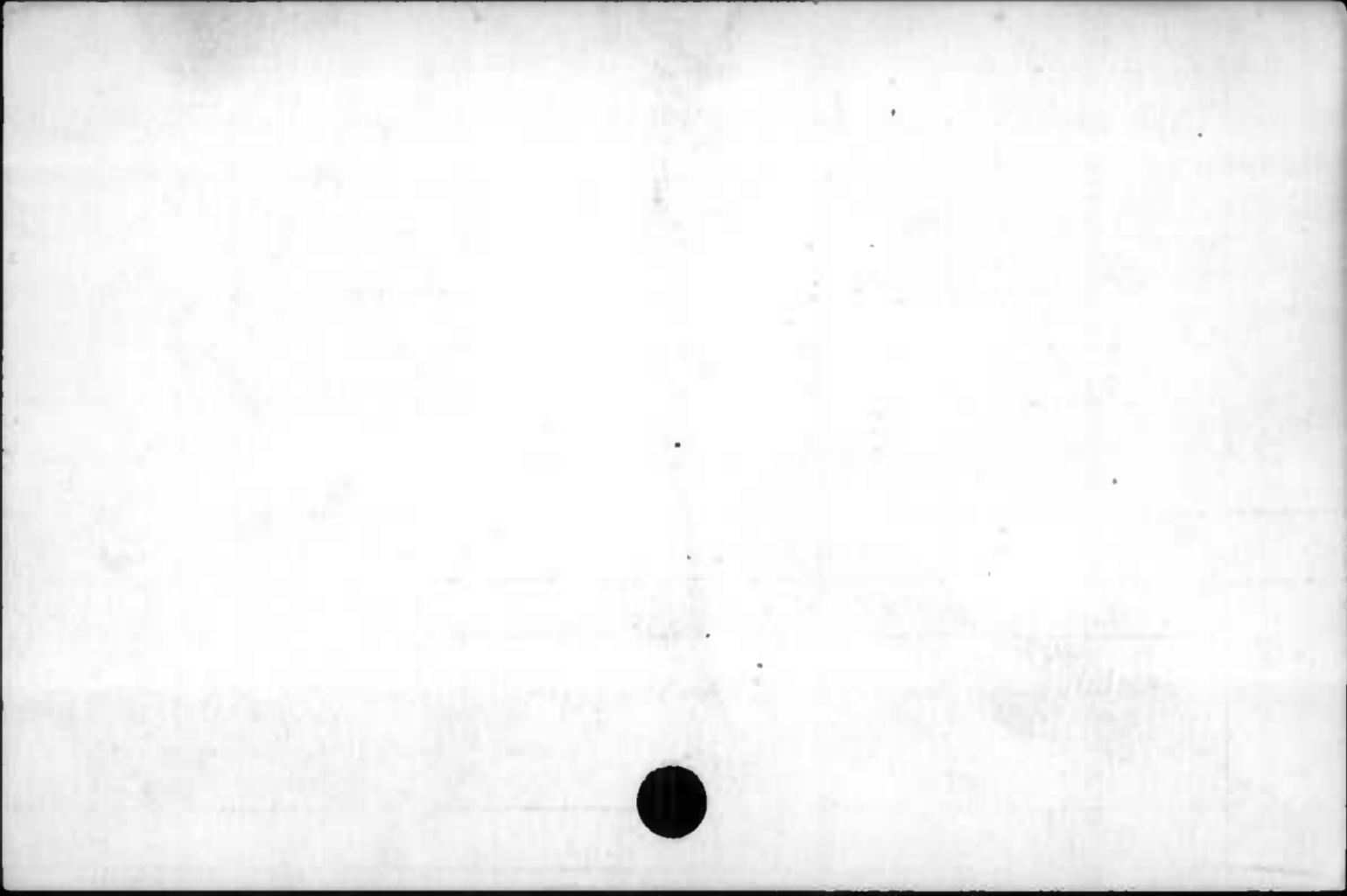
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

S. Brooks & Sons.

Accident or Suicide?



Name
in
Full

Elsie E. Hawkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Date of death	1906	Month Dec	Day 11	Age 2	Years	Months 5	Days
Sex	Female		Color or Race	Colored		Birth-place	Calvert Co. Md.
Occupation	~		Where Residing if not at place of death		~		
Married, Single or Widowed	~		Name of Wife or Husband		~		
Father's Name	Rocand Hawkins		Father's Birthplace		Calvert Co. Md.		
Mother's Maiden Name	Eva Jones		Mother's Birthplace		Calvert Co. Md.		
Name of person giving information	Zach. Hawkins		How related to deceased		Grand Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Burns

16

How long

1 day

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

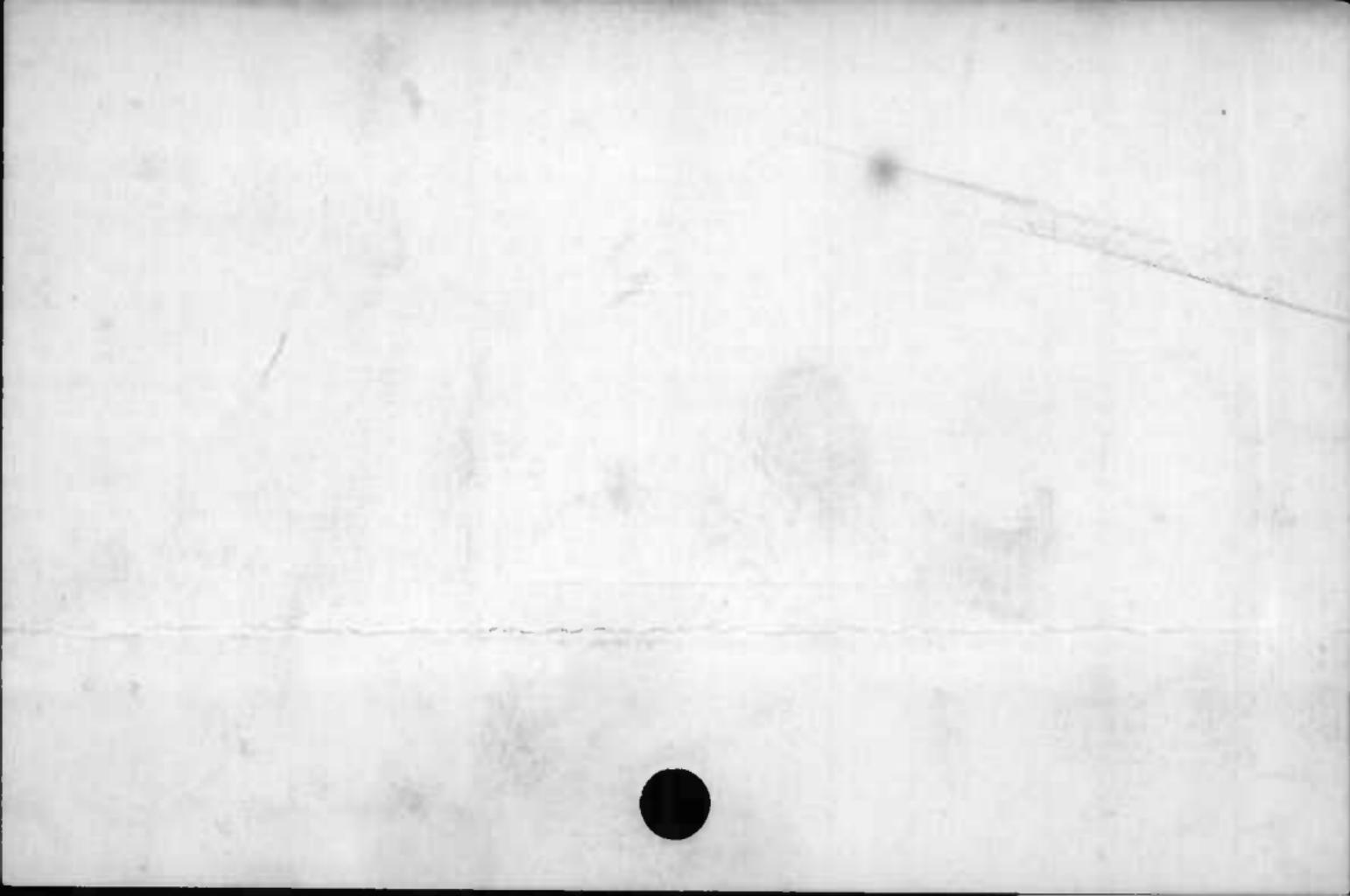
Yes

undertaker
Signature of
Address

Thomas Phillips
Bristol, Md.

Accident Suicide

Accident



Name
in
Full

William Holly

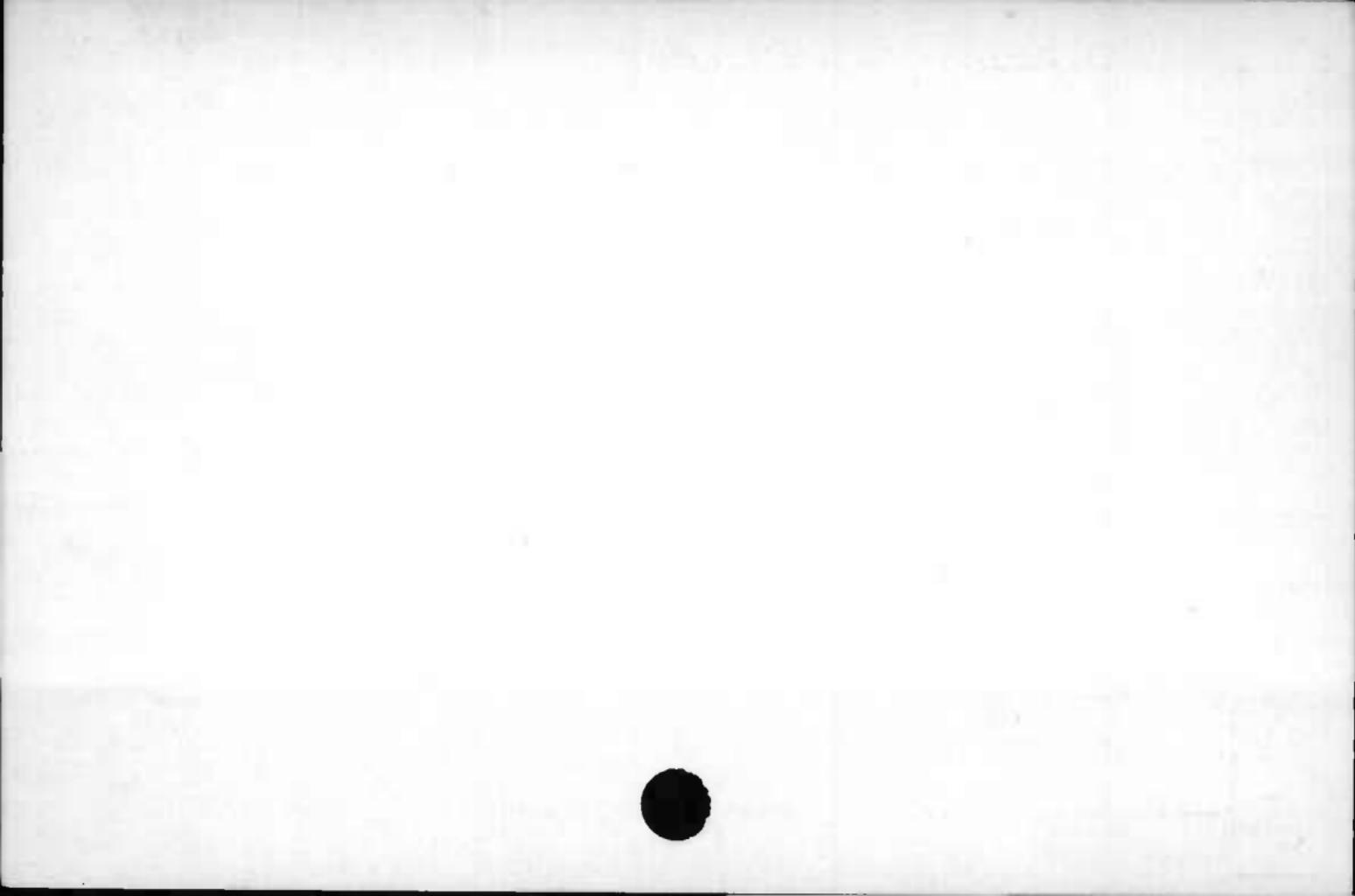
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lusby</u>		Town <u>Calvert</u>		County <u>MARYLAND</u>	
Date of death	Month <u>1907</u>	Day <u>4</u>	Years <u>-</u>	Months <u>-</u>	Days <u>27</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birthplace <u>Lusby's md</u>			
Occupation <u>None</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>-</u>				
Father's Name <u>Normis Holly</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Mary A Johnson</u>	Mother's Birthplace <u>Lusby's md</u>				
Name of person giving Information <u>Andrew Johnson</u>	How related to deceased <u>grandfather</u>				

CAUSES OF DEATH

Primary <u>Thrush</u>	(100)	How long <u>Unknown</u>
		How long <u>Unknown</u>
Immediate <u>Thrush</u>		
Are the name, age, sex, color, date and place correctly given above? <u>Yes -</u>	Signature of Physician <u>Dr Chambers - Subj is</u>	
Address <u>Way to local B & F Hospital</u>		
Accident or Suicide? <u>No</u>		



Name
in
Full

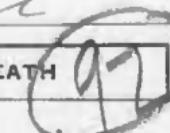
Mattie Alice Jefferson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1906	Month Dec.	Day 8	Years 2 yrs	Months	Days
Sex	Female	Color or Race	Black	Birth-place	Cal. le.	
Occupation			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace	Cal. le.	
Father's Name	Henry Jefferson		Mother's Birthplace		" "	
Mother's Maiden Name	Fannie Gault		How related to deceased		Uncle	
Name of person giving information	Thomas Gault					

CAUSES OF DEATH



PHYSICIAN
OR CORONER

Primary *Bronchitis pneumonia* How long *1 wk*

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

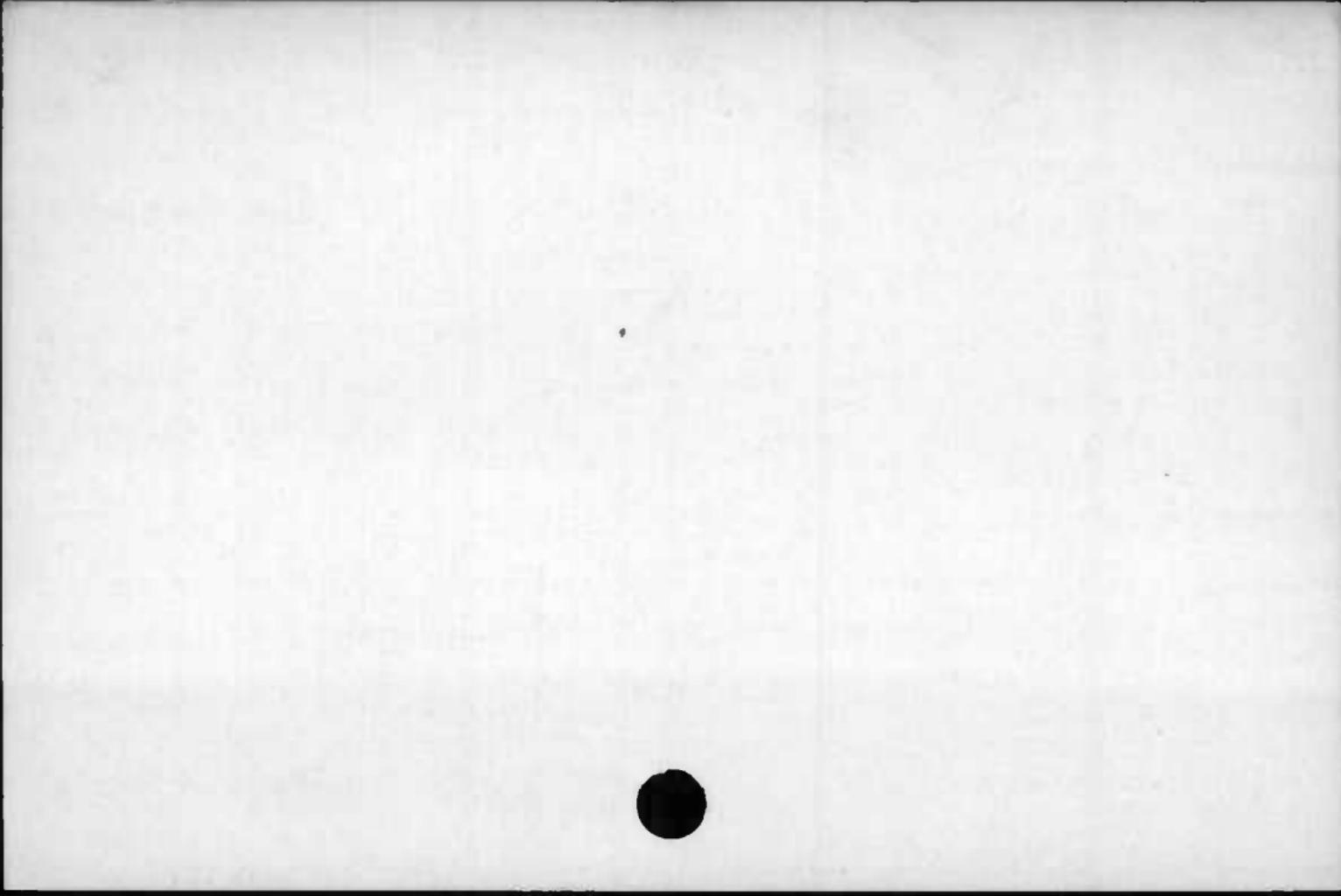
Yes

Signature of Physician

Address

J.W. Litch
Huntingtown
Md.

Accident or Suicide?



Name
in
Full

Earl Maloy Lingstrom

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town Solomon	County Calvert	MARYLAND		
Date of death 1906	Month Mar	Day 17	Age 31	Years	Months
Sex Male	Color or Race white				Days
Occupation Carpenter	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Jennie M. marks				
Father's Name Samuel Lingstrom				Father's Birthplace Phil-Pa	
Mother's Maiden Name Julia Ann Kelly				Mother's Birthplace Accomac Co Va	
Name of person giving Information Samuel Lingstrom				How related to deceased Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tubercular Peritonitis	How long 4 weeks
Immediate Prostration	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Dr. F. Chambers MD
	Address Lusby, Calvert Co
Accident or Suicide?	



Name
In
Full

Narcissie Ogden

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sax	Female	Color or Race	white	Birth-place	Calvert Co
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	George Ogden			
Father's Name	James Calvert			Father's Birthplace	Calvert Co
Mother's Maiden Name	not obtainable			Mother's Birthplace	
Name of person giving information					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long
Immediate	Exhaustion	How long

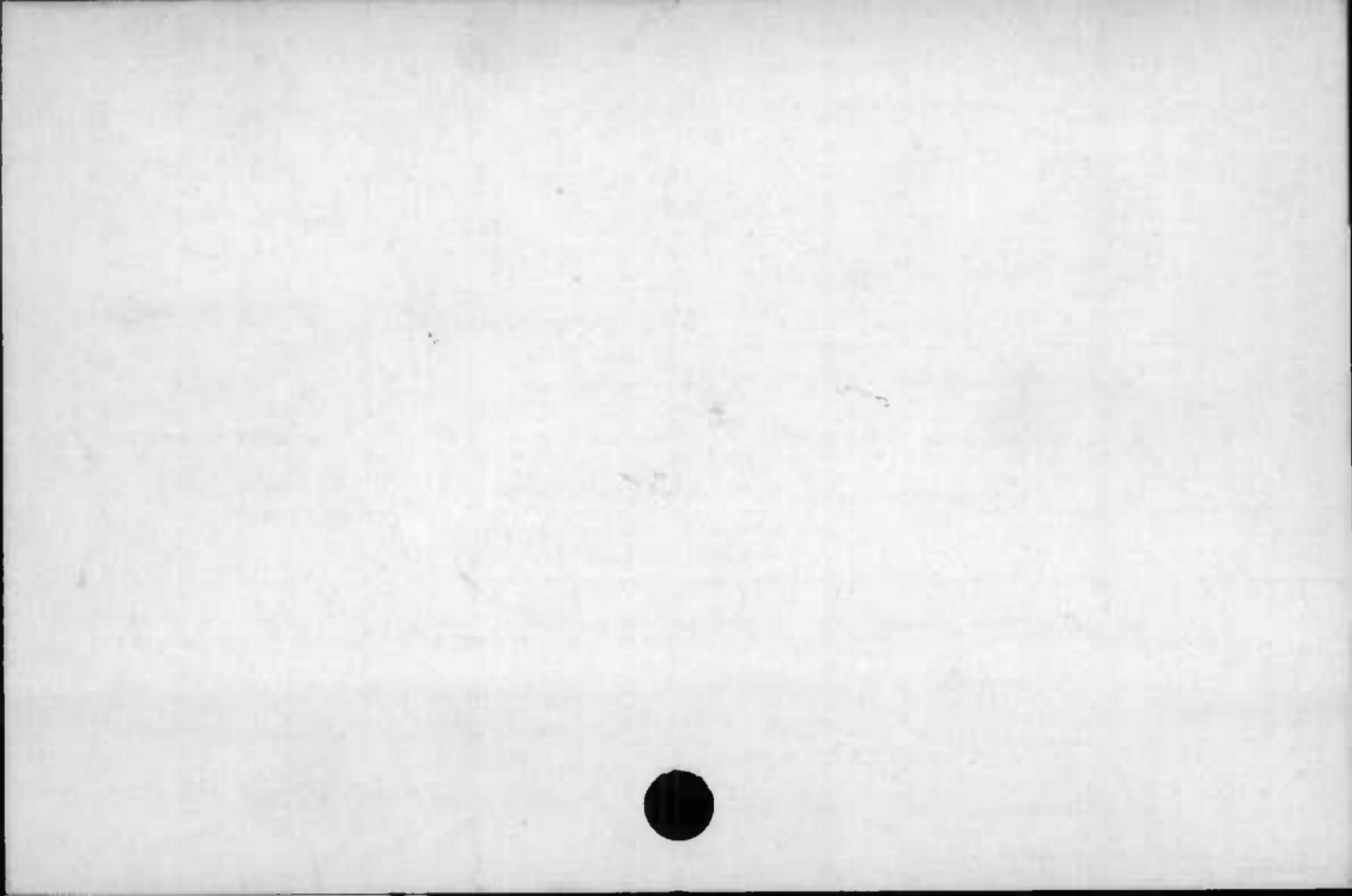
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

J. H. King MD
Baltimore MD

Address

Accident or Suicide?



Name
in
Full

Wilhelmina Agnes Roach

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Huntingtown</u> Town		County <u>Calvert</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Dec</u>	Day <u>2</u>	Years <u>51</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>			Birth-place <u>Cal. lea.</u>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband		<u>Joseph Roach</u>		
Father's Name	<u>William H. Gibbons</u>		Father's Birthplace	<u>Cal. lea.</u>	
Mother's Maiden Name	<u>Rebecca F. Brown</u>		Mother's Birthplace	<u>" "</u>	
Name of person giving information	<u>William Roach</u>		How related to deceased	<u>Son</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Diarrhoea</u>	(<u>06</u>)	How long <u>3 wks</u>
Immediate <u>Exhaustion</u>		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J.W. Leitch</u>	
	Address <u>Huntingtown</u>	
Accident or Suicide?	<u>no</u>	



Name
In
Full

Marion Smothers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Oliver	Town	Calvert	County	MARYLAND				
Date of death	1906	Month Dec	17	Day	Years	36	Months	-	Days
Sex	Female	Color or Race	Colored	Birth-place	Calvert Co				
Occupation	Housewife		Where Residing if not at place of death						
Married, Single or Widowed	Married	Name of Wife or Husband	William Smothers						
Father's Name	John E. Brooks		Father's Birthplace	Calvert Co					
Mother's Maiden Name	Raphael Locks		Mother's Birthplace	Calvert Co					
Name of person giving information	John E. Gray		How related to deceased	Friend					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Phthisis (2)

How long

5 mos.

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

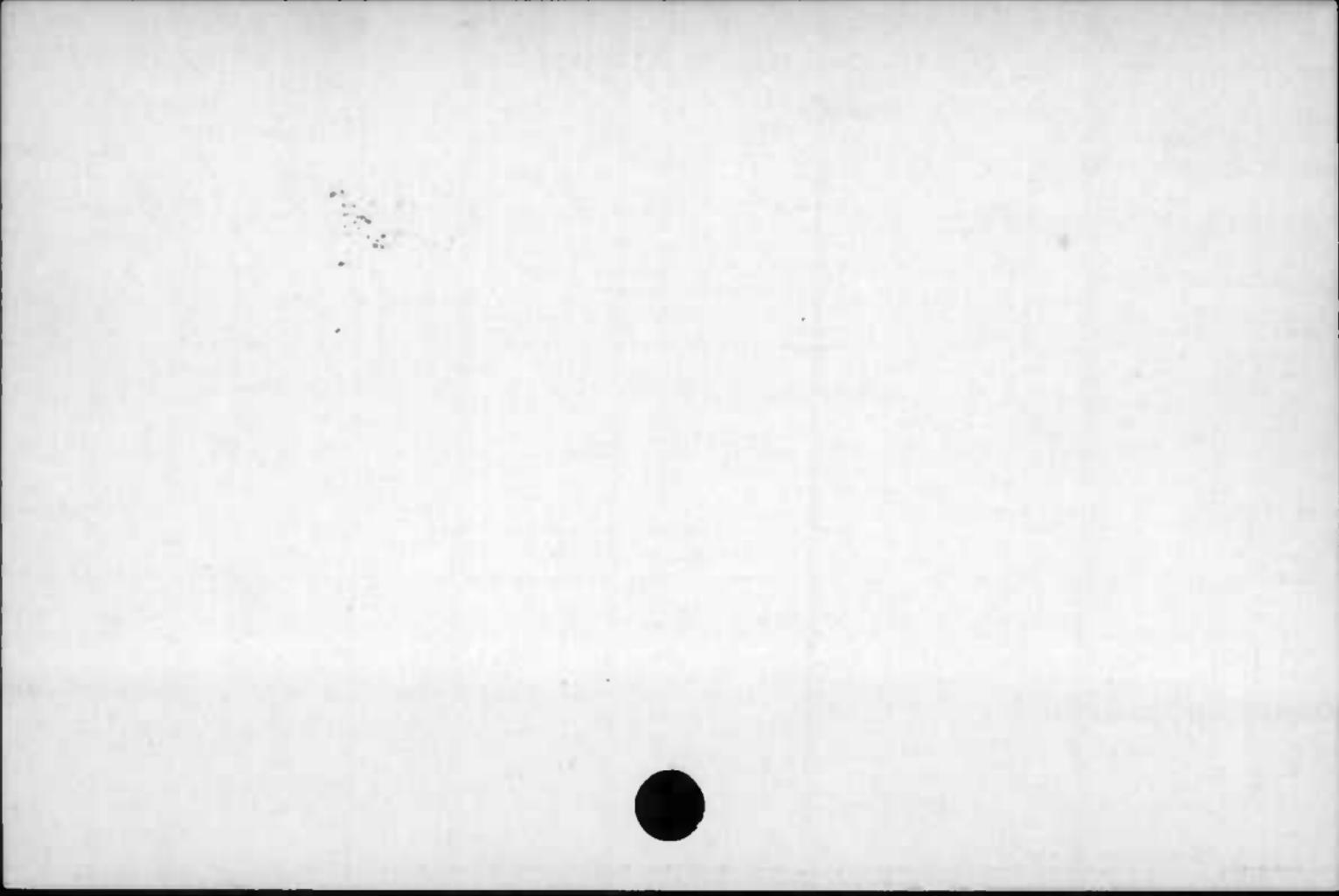
Yes

Signature of Physician

Address

Dr. F. Chambers
Lusby Calvert Co

Accident or Suicide?



Name
in
Full

Charlotte O. Swann

CERTIFICATE OF DEATH

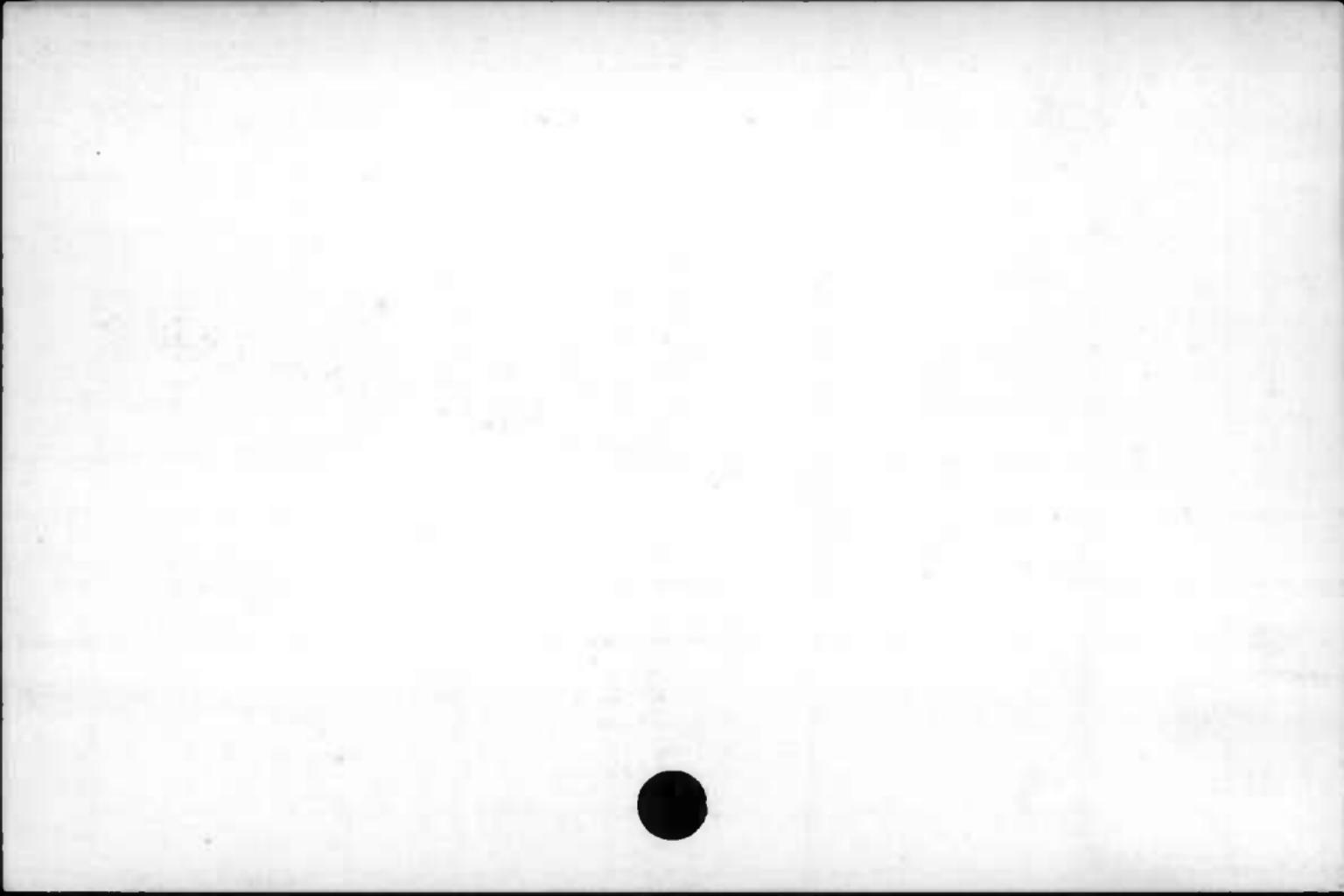
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Chesapeake	Laurel		4	23
Date of death	Month	Day	Years	Months Days
1906	Dec	3	2	
Sex	Color or Race	Birth-place	La. 60	
Female	White			
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Joseph Swann			
Mother's Maiden Name	Willie Hutchins			
Name of person giving Information	Harker			
Father's Birthplace	La. 60			
Mother's Birthplace	La. "			
How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Laryngitis (B)	How long
		5 days
Immediate	Amenorrhea	How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		E. H. Hines and Dr. Marshall
		Ind
		Address
Accident or Suicide?		



Name
in
Full

Philip M. Waters

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town
Dunkirk

County
Calvert

MARYLAND

Date
of death

1906

Month
Dec.

Day
25

Years
—

Months
7

Days
4

Sex

Male

Color or
Race
Colored

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Morris Waters

Father's
Birthplace
A. A. Co. Md

Mother's
Maiden Name

Mary Watkins

Mother's
Birthplace
A. A. Co. Md

Name of person giving
Information

Mary Watkins

How related
to deceased
Mother

CAUSES OF DEATH

Primary

Inanition

95

How long

7 mos

Immediate

Congestion of lungs

How long

2 days

Are the name, age, sex, color, etc.
and place correctly given above?

Yes

Signature of
Physician

Address

W. M. Chany M.D.
Chany, Md.

Accident or Suicide?

PHYSICIAN
OR CORONER

